

## **YORK COUNTY ARTS COMMISSION**

### **PROJECT GRANT POLICIES**

#### **Criteria For Project Grant Funding**

Individuals and organizations are eligible to receive a grant from the York County Arts Commission if:

- \* the organization is not-for-profit and is exempt from Federal income tax under provisions of the Internal Revenue Code;
- \* they produce, present, or support dance, literary arts, media arts, music, theater, museums, visual and related arts;
- \* they perform or offer activities/services in Williamsburg, James City County, or York County, which also serve the citizens of York County;
- \* their performances, projects, or services are accessible to handicapped individuals and the public at large;
- \* their performances, projects, or services that are not held in Williamsburg, James City County, or York County are deemed by the Commission to directly benefit the citizens of York County;
- \* activity will take place during the fiscal year for which the grant is requested.

#### **General Consideration**

- \* All funding requests must be submitted on Commission forms. Requests must be made in accordance with Commission deadlines. **Seven** (7) copies of the grant application must be submitted to the Commission. If sending supplemental information (brochures, newspaper articles, etc.), please send only **one** (1) copy of each.
- \* The Commission looks more favorably upon applications which show evidence of financial assistance from sources other than the York County Arts Commission.
- \* Sound management, adequate fiscal responsibility, and the overall quality of proposed projects are major factors in evaluating funding requests.
- \* Projects, performances, and/or services already completed will not be considered for funding.

- \* A signed application form is the applicant's agreement to provide the described service and to comply with the York County Arts Commission Project Grant Policies.
- \* Notification shall be given to the Commission in advance of major changes in activities, personnel, or budget described in the application. The Commission reserves the right to recommend adjustment to grant funding if, in its opinion, these changes so dictate said action.
- \* Support for an organization or project does not imply future Commission support. Applications must be made each year and will be considered in relation to other applications.

### **Reporting Requirements**

- \* The Commission requires completion and return of the final report that is included in the grant application package from each grant recipient no later than June 30.
- \* Each grant recipient must maintain accurate financial records for any activity supported by Commission funds. The Commission shall have access to these records.

### **Acknowledgment**

- \* In all published material and announcements regarding the particular activity supported, acknowledgment must be made that the activity is partially supported by a grant from York County.

### **Grant Payments**

- \* Grant monies will be awarded with a one-time, lump sum payment. Payment can be expected by the end of August.

**YORK COUNTY ARTS COMMISSION**

**PROJECT GRANT**

Deadline for submission: **The first Monday of February.**

**PREVIOUSLY SUBMITTED DOCUMENTATION/MATERIAL THAT HAS NOT CHANGED SINCE LAST SUBMISSION SHOULD NOT BE RESUBMITTED.**

Date of application \_\_\_\_\_

I. Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Contact person and title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

II. Amount of funding requested \_\_\_\_\_

III. Project Summary: Within the space provided below briefly outline proposed use of the grant. Limit to **50 words** or less.

IV. A. List the goals and objectives of the proposed project.

- B. In the space provided, please indicate the appropriate information regarding the proposed project. Performance dates must be scheduled between July 03 – June 04.

<u>ACTIVITY</u>	<u>DATE</u>	<u>FACILITY</u>	<u>VOL.</u>	<u>HOURS</u>	<u>AUD.SIZE</u>	<u>AUDIENCE BEING SERVED</u> (SRS./MINORITIES/SPECIAL POP.)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- C. Who will be in charge of the artistic direction of each project? List title and principal qualifications. (Previous grant recipients only need to update past resources submitted and/or attach new resumes.)
- D. If applicable, give the name(s) of any organization(s), other than the applicant, that will assist in the project. Describe the nature of the assistance.

## PROJECT GRANT BUDGET AND SUMMARY FINANCIAL STATEMENT

Revenue	FY02 ACTUAL <u>EXPENDITURES</u>	FY03 CURRENT <u>BUDGET</u>	FY04 <u>PROPOSED</u>
RETAINED EARNINGS	_____	_____	_____
CONTRIBUTIONS/GRANTS	_____	_____	_____
EARNED INCOME	_____	_____	_____
FUND RAISING	_____	_____	_____
OTHER _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____

EXPENSES	FY02 ACTUAL <u>EXPENDITURES</u>	FY03 CURRENT <u>BUDGET</u>	FY04 <u>PROPOSED</u>
ADMINISTRATIVE SALARIES	_____	_____	_____
OTHER ADMIN. COSTS	_____	_____	_____
ARTIST/PERFORMER/ LECTURER FEES	_____	_____	_____
ADVERTISING/ FUND RAISING COSTS	_____	_____	_____
OPERATIONAL EXPENSES	_____	_____	_____
OTHER _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____

=====

NET INCOME DEFICIT \_\_\_\_\_

The undersigned certifies that, to the best of his/her knowledge, the information in this application is true and correct.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Attachments:

\_\_\_\_\_ List of Board members/trustees, including addresses and positions held on the Board.

\_\_\_\_\_ Copy of Federal tax exemption letter. (If a copy has been submitted to this commission with a prior application, there is no need to resubmit unless tax status has changed in any way.)

**Deadline is the first Monday of February. Applications received after that date will not be considered.**

Submit **seven** copies of the application and attachments to: (**Note:** Only **one** copy of any supplemental materials such as brochures, newspaper articles, etc., should be submitted with application.)

**Mailing Address:**

YORK COUNTY ARTS COMMISSION  
County of York  
P. O. Box 532  
Yorktown, VA 23690

**Street Address:**

YORK COUNTY ARTS COMMISSION  
c/o York County Parks & Recreation  
100 County Drive  
Yorktown, VA 23692

**Contact Info.**

Kristi Olsen

(757) 890-3525  
olsen@yorkcounty.gov

YORK COUNTY ARTS COMMISSION

FINAL REPORT

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of grant received: \_\_ Project Grant \_\_ Challenge Grant

Amount of grant money received \$ \_\_\_\_\_

Other income sources supporting the project \_\_\_\_\_

\_\_\_\_\_

The grant fund was spent to accomplish: (Please list performances/activities and dates)

How did the funds fit into the organization's overall work for the fiscal year?

How did these funds benefit the local community?

Approximate number of volunteers \_\_\_\_\_, participants \_\_\_\_\_,  
and/or audience \_\_\_\_\_ involved in project.

\_\_\_\_\_  
Signature (President or Treasurer)

**\*DEADLINE FOR THIS FORM TO BE RECEIVED BY THE COMMISSION IS**



**THE LAST FRIDAY IN JUNE. FINAL REPORT IS REQUIRED FOR CONSIDERATION FOR  
FUTURE FUNDING.**